

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

K27 CMRP

STATE OF HAWAII

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(1,2,50 01.1.)		
PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kido	Clarence	М	528-5557 x 222
MAILING ADDRESS (Street)	FAX		
	ower #1501	528-0421	
	Honolulu, Hawaii 96813		
(City)	(State)	(Zip	Code)
EMPLOYING ORGANIZATION	(Fill in only if you are employed by a business er	ntity which has been retained to lobby)	TELEPHONE
		•	
			1.4
MAILING ADDRESS (Street)			FAX
•			
(City)	(State)	(Zip	Code)
			<u>_</u>

PART II ORGANIZA	ATION	
NAME OF ORGANIZATION	TELEPHONE	
Pacific Resource	528-5557	
MAILING ADDRESS (Street	FAX	
	1001 Bishop Street	500 0/01
	ASB Tower - #1501	528-0421
(City)	(State)	(Zip Code)
, ,,	Honolulu, Hawaii	96813
	-	
NAME OF PERSON RESPON	ISIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Paul Marx		841-2808
raul mark		
MAILING ADDRESS (Stree 1199 Dillingham	et) Boulevard	FAX
Suite 200	boulevalu	841-2900
Built 200		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817

Controllings on the Base Co. of Street

PART	III DESCRIPTION OF S	UE	BJECTS UPON WHICH	YOU	EXPECT TO LOBBY		
	Agriculture		Education		Human Services	. ,	Science, Technology & Economic Development
	Communications & Public Utilities	X	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
	Consumer Protection & Commerce		Hawaiian Affairs	X	Labor & Employment	· *	Transportation
	Culture, Arts, Historic Preservation		Health	*	Planning, Land & Water Use Management		Other: (indicate below)
	Ecology, Energy Environmental Protection	X.	Housing		Public Safety & Corrections		

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

PART IV CERTIFICATION OF LOBBYIST

Clarence	M. Kuds	1/26/06	
	(Signature of Lobbyist)	(Date)	
PART V AUTHORIZATION	TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESEN	NTED
Kyle Chock		Executive Director	
NAME OF ORGANIZATION (if applied	cable)	TELEPHONE	
Pacific Resourc	e Partnership	528-5557	
MAILING ADDRESS (Street)		FAX	
1001 Bishop Str	eet	·	
ASB Tower - #15	501	528-0421	
(City)	(State)	(Zip Code)	
Hõnolulu	. / Hawaii	96813	
I hereby authorize the ab	ofer named person to en	ngage in lobbying activities on behalf of the undersigned.	
l = l = l = l		January 25, 2006	
(Signature of Auth	orizing Officer or Person Repre	sented) (Date)	—